



Saint Agnes Parish

AUTOMATED OFFERING PROGRAM

AUTHORIZATION FOR DIRECT DEBIT

We offer parishioners the opportunity to have weekly or monthly contributions automatically deducted from their checking accounts. If interested, please complete the direct debit form below and either mail it to the rectory to the attention of the Automated Offering Program, or drop it into the collection basket.

If you have any questions please contact our Parish Secretary at the parish office at 610-692-2990.

General Information

Name (Last, First, Middle): _____

Address (Street, Route, P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Telephone number: (_____) _____ Email: _____

Parish Envelope Number: _____

Would you like to continue receiving envelopes? (Circle one) YES NO

Contribution Election Information

Select one:

Weekly Contribution

Bi-Monthly Contribution

Monthly Contribution

Amount to be debited: \$ _____

ACH Debit Authorization

Type of Bank Account:

Checking Account

Savings Account

Business Account (*check this box only if the checking or savings account is a business account*)

I have a Debit Filter or Block on this account. Please contact me with the Company ID that I can provide to my bank to allow this debit to be process as authorized.

Banking Information (*please print*):

Financial Institution Name: _____

Account Number at Financial Institution: _____

Financial Institution Routing Number: _____

I, _____, certify that I am Agent of the account listed above, and I hereby authorize St. Agnes Parish to debit funds from the account at the FINANCIAL INSTITUTION designated above, and I further authorize FINANCIAL INSTITUTION to debit the same to such account without responsibility for correctness of such amount. This authorization will remain in effect until I initiate the required stop action in such time and such manner as to allow the above a reasonable opportunity to act upon it. I agree to notify Saint Agnes Parish if I wish to change the designated Financial Institution or account from which funds are to be debited.

Signature: _____ Date: _____